

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 592
Version: As introduced

DATE: March 4, 2011

Authors: Fritz

Subject: In-Reach Community-Based Care Coordination

Analyst: Randall Chun, (651) 296-8639

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd.

Overview

Requires Medical Assistance (MA) to cover in-reach community-based care coordination. Defines this service and requires the commissioner of human services to seek federal waivers to implement this coverage.

- 1** **Medical care coordination.** Amends § 256B.0625, by adding subd. 55. (a) Provides MA coverage for in-reach community-based care coordination that is performed in a medical care facility as an eligible procedure under a state health care program or private insurance. States that this service includes navigating services to address mental health, chemical health, social, economic, and housing needs, and any other activity targeted at reducing emergency room and other nonmedically necessary health care utilization.
 - (b) Requires reimbursement to be made in 15-minute increments under Medicaid social work reimbursement methodology. Requires in-reach care coordinators to hold a minimum of a bachelor's degree in a specified field. Requires the commissioner to submit to the Centers for Medicare and Medicaid Services any waiver requests necessary to implement this subdivision.
 - (c) Defines "in-reach community-based care coordination" as the practice of a community-based worker meeting specified criteria working with an organization's staff to transition an individual back into the individual's living environment. Provides that this coordination includes working with an individual during discharge and for up to a defined amount of time in the individual's living environment, reducing the individual's need for readmittance.